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FAX INFORMATION SHEET

Date: April 12, 2005
ID Number: 61297
Identifier: 112911.01701

<u>Recipient's Name</u>	<u>Company</u>	<u>General Number</u>	<u>Fax Number</u>
USPTO			703-872-9306
Examiner Snedden	USPTO		703-872-9306

Sender: Raymond A. Miller
Sender's Direct Line: 412.454.5017
Sender's Email Address: millerra@pepperlaw.com

Total Pages Including Cover: 5

Comments: ATTACHED IS A PETITION TO ACCEPT COLOR DRAWINGS OR PHOTOGRAPHS
PURSUANT TO 37 C.F.R(a)(2) and (b)(2) for U.S. SERIAL NO. 09/965,967

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/965,967
TOTAL AMOUNT OF PAYMENT (\$130.00)		Filing Date	September 28, 2001
		First Name of Inventor	Shi
		Examiner Name	Snedden
		Art Unit	1653

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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 under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

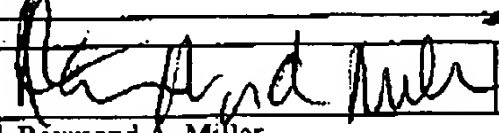
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____				

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)
 Other: Petition for Extension of Time

Fee Paid (\$)
130.00

SUBMITTED BY		Registration No.	Telephone
Signature		(Attorney/Agent) 42,891	412.454.5000
Name (Print/Type)	Raymond A. Miller	Date April 12, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No.: 112911.01701

PATENT RECEIVED
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APR 12 2005

In re Application of: :
Shi :
Serial No. 09/965,967 : Group Art Unit: 1653
Filed: September 28, 2001 : Examiner: Snedden
For: COMPOSITIONS FOR PROMOTING APOPTOSIS

PETITION TO ACCEPT COLOR DRAWINGS OR PHOTOGRAPHS
PURSUANT TO 37 C.F.R. §(a)(2) and (b)(2)

Assistant Commissioner for Patents
Attn: Deputy Assistant Commissioner for Patents
Alexandria, VA 20231

Sir:

1. This petition is for the acceptance of color:
☒ drawings. (37 C.F.R. § 1.84(a)(2))
☐ photographs. (37 C.F.R. § 1.84(b)(20))

which have previously submitted to the United States Patent Office.

2. Page 6, Line 18, of the Specification includes the reference:

"The file of this patent contains at least one photograph or drawing executed in color. Copies of this patent with color drawing(s) or photograph(s) will be provided by the Patent and Trademark Office upon request and payment of necessary fee."

- 3 The reason(s) for the need for color drawings or photographs in this application is/are as follows:

Color drawings are necessary to understanding the material set forth in the specification of this application.

- 4 The petition fee required to waive the requirements of § 1.84 (37 C.F.R. § 1.17(i))-\$130.00 is paid as follows:

- ☒ Attached is a ☐ check ☐ money order in the amount of \$130.00
☒ Authorization is hereby made to charge the amount of \$130.00

☒ to Deposit Account No. 50-0436

☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

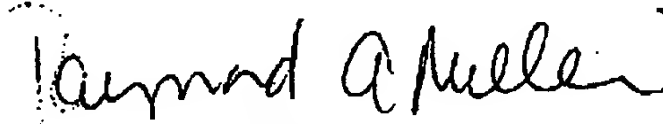
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☐ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

Respectfully submitted,

PEPPER HAMILTON LLP



Raymond A. Miller
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Attorney Ref.: 112911.01701

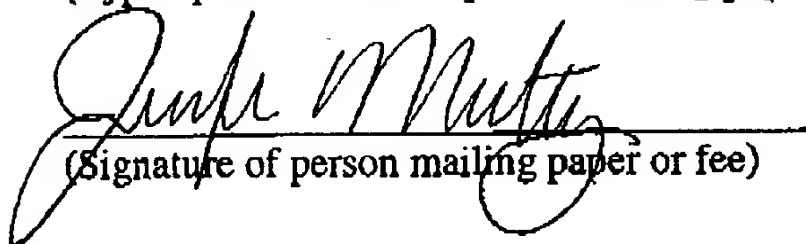
CERTIFICATE OF FACSIMILE UNDER 37 C.F.R. §1.6 & §1.8

Applicant:	Shi	Examiner:	Snedden
Serial No.:	09/965,967	Group Art Unit:	1653
Filed:	September 28, 2001	Docket No.:	112911.01701
Title:	COMPOSITIONS FOR PROMOTING APOPTOSIS		

I hereby certify that this "PETITION TO ACCEPT COLOR DRAWINGS OR PHOTOGRAPHS PURSUANT TO 37 C.F.R. §(a)(2) and (b)(2)" and is being sent via facsimile to fax number **703-872-9306** under 37 C.F.R. §1.6 & §1.8 on **April 12, 2005**.

Jennifer Martinez

(Typed/printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)

Documents Faxed:

1. Petition to Accept Color Drawings or Photographs Pursuant to 37 C.F.R. §(a)(2) and (b)(2);
2. Certificate of Facsimile; and
3. Fee Transmittal authorizing charge of \$130.00 to Deposit Account No. 50-0436.